Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Report	: Identification Information	1				
For calenda		iscal plan year beginning 09/01/2		and ending 08/	/31/20	15	
A This ret	urn/report is for:	a single-employer plan		an (not multiemployer) (ver information in accord	•	•	
		a one-participant plan	a foreign plan				
B This retu	ırn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mg	onths)		
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter desc	ription)				
Part II	Basic Plan Info	ormation—enter all requested in	formation				
1a Name MILLIART C		C. DEFINED BENEFIT PLAN			1b	Three-digit plan number (PN) ▶	002
					1c	Effective date of 05/28/	•
2a Plan sp MILLIART CO	oonsor's name and a	ddress; include room or suite numb	er (employer, if for a single-	employer plan)	2b	Employer Identif (EIN) 11-35	ication Number 07119
126 COUNTF	RY VILLAGE LANE				2c	Sponsor's teleph 516-72	
	PARK, NY 11040				2d	Business code (s	
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b	Administrator's E	EIN
		e plan sponsor has changed since	the last return/report filed for	r this plan, enter the	4b	EIN	
name, a Sponso		ımber from the last return/report.			4c	PN	
5a Total r	number of participants	s at the beginning of the plan year.			5	a	2
		s at the end of the plan year			51	b	2
		account balances as of the end of			5	С	2
		articipants at the beginning of the p	•		5d(2
		articipants at the end of the plan ye			5d((2)	2
		erminated employment during the			5	e	
Under pena SB or Sche	alties of perjury and o	or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary, aplete.	ctions, I declare that I have	examined this return/rep	oort, in	cluding, if applica	
SIGN	Filed with authorized	/valid electronic signature.					
HERE	Signature of plan	administrator	Date	Enter name of individu	ual sig	ning as plan adm	ninistrator
SIGN							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu			
JOSEPH MA	AO, CPA AO, CPA	name, if applicable) and address (i	nclude room or suite numbe	r) (optional)	Prep	arer's telephone 516-721	number (optional) -5493
	RY VILLAGE LANE PARK, NY 11040						

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a sunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a superior of the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.			Yes Yes		No No ed
Par	t III Financial Information					•					
	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of \	ear		
-	Fotal plan assets	7a	5339				() =	-	5097	742	
b	Fotal plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7с	5339	929					5097	742	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	ı		
	Contributions received or receivable from:										
	1) Employers	8a(1)									
	2) Participants	8a(2)									
	3) Others (including rollovers)	8a(3)	-241	07							
	Other income (loss)	8b	-241	07					0.44	107	
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-24	107	
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f.	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-241	107	
j	Fransfers to (from) the plan (see instructions)	8j									
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension to	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instru	uction	s:		
b	1A		las from the List of Disc Chare	-44	:- 0	laa :a 4	h a !at		_		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coc	des from the List of Plan Charac	ciensi	ic Coo	ies in t	ne mstruc	cuoris			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribut	tions with	in the time period described in								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as					Χ					
	If this is an individual account plan, was there a blackout period? (·	10g		^					
	2520.101-3.)	•		10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	· []	No
11a	Enter the unpaid minimum required contribution for current year fro					11a		<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	.	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			50			12,,,,	<u> </u>			
а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instruc		, and e	_				uling	
	granting the waiver	<u></u>	Mon	th		Day		Ye	ar		

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year .		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	`	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		D	Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	ed to another plan, or brought under	the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the pla	n(s) to		
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
					ľ

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Actuarial Information Department of the Treasury

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Single-Employer Defined Benefit Plan

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

			File as an attachi	ment to Form	5500 or 5	500-SF.			
For	calend	ar plan year 2014 or fiscal plan year	beginning 09/01/2014			and end	ing 08/31	1/2015	
• 1	Round	off amounts to nearest dollar.							
<u> </u>	Cautio	n: A penalty of \$1,000 will be assess	ed for late filing of this repo	rt unless reaso	nable cau	se is establish	ied.	T	
	lame of LIART (f plan CONSULTING USA INC. DEFINED I	BENEFIT PLAN			B Three-dig	git nber (PN)	•	002
		onsor's name as shown on line 2a of	Form 5500 or 5500-SF			D Employer	Identificati	on Number (E	IN)
IVIIL	LIAKT	CONSULTING USA INC					11-3307	119	
		alana V Cinada D Malakinta A D	Multiple D	Drianicaanala		400	П 404 50	10.	500
	ype of p		Multiple-B	Prior year pla	n size: X	100 or fewer	101-50	0 More that	an 500
Pa	rt I	Basic Information							
1	Enter	the valuation date: Mon	th <u>08</u> Day <u>31</u>	Year <u>2</u>	2015		-		
2	Asset	S:							
	a Mar	ket value					2a		509742
	b Act	uarial value					2b		509742
3	Fundi	ng target/participant count breakdow	n		` '	umber of cipants		ed Funding orget	(3) Total Funding Target
	a For	retired participants and beneficiaries	receiving payment						
	b For	terminated vested participants							
	C For	active participants				2		329128	329128
	d Tot	al				2		329128	329128
4		plan is in at-risk status, check the bo		I		1		<u> </u>	
-		nding target disregarding prescribed a	. , ,	` '	L	_	4a		
		nding target reflecting at-risk assump	•						
	2 1 a.	at-risk status for fewer than five cons	ecutive years and disregard	ding loading fac	tor		4b		
5	Effect	tive interest rate					5		5.63%
6	Targe	et normal cost					6		11309
		by Enrolled Actuary							
a	ccordanc	st of my knowledge, the information supplied in the with applicable law and regulations. In my opin on, offer my best estimate of anticipated experien	ion, each other assumption is reason						
S	IGN								
	ERE							09/24/20	15
		Signature	of actuary					Date	
MIC	HAEL F	FRANK	•					14-0244	10
			name of actuary		•		Most re	cent enrollme	
MIC	HAEL F	FRANK	·					212-567	-1464
			name			Т	elephone r		ling area code)
		N ST. APT# 5B K, NY 10040					-	·	,
		Address	of the firm						
If the	actuary	y has not fully reflected any regulatio	n or ruling promulgated und	der the statute i	n completi	ing this sched	ule, check	the box and se	ее
	ctions	, , ,	3 . 3			3	•		

Page 2	2 -	1
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Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Prefun	ding Bala	nces						
7	Dalama	4 !-		- 6		//: 40 for o		(a) (Carryover balance	:	(b) P	refundi	ng balance
7		Ū	0 , ,		cable adjustments	•							
8	Portion	elected f	or use to offset pr	ior year's f	unding requiremer	nt (line 35 fro	m						
9													
10					urn of								
11	,				to prefunding bal								
				`	38a from prior yea	,							17476
					Ba over line 38b from the second seco								
				-	nedule SB, using p	-							
					ear to add to prefund								17476
	d Porti	on of (c)	to be added to pre	funding ba	lance								
12	Other r	eductions	s in balances due	to elections	s or deemed election	ons							
13	Balanc	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d	– line 12)							
Pa	art III	Fun	ding Percenta	ages									
14	Fundin	g target a	ttainment percent	age								14	100.00 %
			g target attainmen									15	100.00 %
16					of determining wh							16	100.00 %
17					s less than 70 per							17	0.00 %
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s		yees:						
(M	(a) Dat M-DD-Y		(b) Amount page (b) employer((c) Amount pa employees		(a) [(MM-DD		(b) Amount p employer		(с		nt paid by ovees
(***		,	op.c.y.c.	/			(, , , ,	o in proyer	(-)			-,
						Т	otals ▶	18(b)			18(c)		
19	Discou	nted emp	loyer contributions	s – see inst	tructions for small	plan with a v	aluation	date after th	ne beginning of th	e year:			
	a Cont	ributions	allocated toward	unpaid min	imum required cor	ntributions fro	om prior	years		19a			
	b Cont	ributions	made to avoid res	trictions ac	ljusted to valuation	n date				19b			
	C Cont	ributions a	allocated toward mi	nimum requ	uired contribution fo	r current yea	r adjusted	d to valuation	n date	19c			
20	Quarte	rly contrib	outions and liquidit	y shortfalls	i:								_
	a Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?								Yes X No
	b If line	e 20a is "	Yes," were require	ed quarterly	installments for the	ne current ye	ear made	in a timely	manner?				Yes No
	C If line	e 20a is "`	Yes," see instructi	ons and co	mplete the following								
		(4) 4			Liquidity shortfa	all as of end	of quarte		_* .	<u> </u>		4) 4"	-
		(1) 1s	SI.		(2) 2nd			(3)	3rd		(4) 4th	1
										1			

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment 6.99 %		N/A, full	l yield	curve	used
	b Appl	licable month (enter code)			21b				0
22	Weight	ted average ret	tirement age			22				62
23	Mortali	ty table(s) (se	e instructions)	escribed - combined Pre	escribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24				tuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	quired		
		-							Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment			Yes	X No
27	•	•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid		-	years		28				
29			·	d unpaid minimum required contrib		29				
	(line 19	9a)								
30	Remaii	ning amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29).		30				
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Target	normal cost a	nd excess assets (see instruct	tions):						
	a Targe	et normal cost	(line 6)			31a				11309
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b				11309
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	In	stallme	ent	
	a Net s	shortfall amortiz	zation installment							
	b Waiv	er amortization	n installment							
33				ter the date of the ruling letter gra) and the waived amount		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34				
				Carryover balance	Prefunding bala	nce	Tot	al bala	ance	
35			use to offset funding							
36	Additio	nal cash requi	rement (line 34 minus line 35).		ı	36				
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date	37				
38	•		ess contributions for current ye							
						38a				
				prefunding and funding standard o		38b				
39				ear (excess, if any, of line 36 over		39				
40		·		S		40				
	rt IX			Pension Relief Act of 2010		l				
			de to use PRA 2010 funding re		(Coo monachar	,				
				eller for trils plan.			2 plus 7 year	s F	15 \	years
				41a was made				2010	_	2011
42			,				2 1 2008	2010	<u> </u>	
			-	dto fish we when		42				
43	⊏xcess	installment ac	ceieration amount to be carrie	d over to future plan years		43				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries in accor	dance with the inst	ructions to the Form 5500-	SF.	•
Part I Annual Report Id	lentification Information				
For calendar plan year 2014 or fiscal		9/1/2014	and ending	8/31/	2015
X	a single-employer plan	a multiple-employ	er plan (not multiemployer) (l	Filers checking this	box must attach a
A This return/report is for:		list of participating	employer information in acco	ordance with the for	m instructions)
	a one-participant plan	a foreign plan			
B This return/report is:	the first return/report	the final return/rep	port	A	
	an amended return/report	a short plan year i	return/report (less than 12 m	onths)	
_		7	•	All Land	
C Check box if filing under:	Form 5558	automatic extensi	on	DFVC	orogram
	special extension (enter descript	ion)		A Comment	
Part II Basic Plan Inform	nation—enter all requested inform	mation			
1a Name of plan	mation—enter an requested infor	nation		b Three-digit	
·				plan number	
MILLIART CONSULTING USA INC	. DEFINED BENEFIT PLAN			(PN) ▶	002
				1c Effective date	
			A		/2007
2a Plan sponsor's name and addre	ess; include room or suite number (employer, if for a sin	gle-employer plan)	- Contract the Contract to the	tification Number
					3507119
MILLIART CONSULTING USA INC		4		2c Sponsor's tele	phone number
		4 4	The state of the s	16-7215493	
26 COUNTRY VILLAGE LANE		The same of	Mark Transfer of the Control of the	2d Business code	e (see instructions)
EW HYDE PARK, NY 11040		- 4		24300	
3a Plan administrator's name and a	address X Same as Plan Spor	nsor.	•	3b Administrator	s EIN
			-		
				3c Administrator	s telephone number
Same			1		
		. 1			
		1 151	M. director codes	4b EIN	
	an sponsor has changed since the	last return/report file	o for this plan, enter	4b EIN	
the name, EIN, and the plan nur	nber from the last return/report			4c PN	
a Sponsor's name	The set of			5a	2
	ne beginning of the plan year				2
b Total number of participants at the	ne end of the plan year			5b	2
c Number of participants with acco	ount balances as of the end of the	plan year (defined be	enefit plans do not	5c	•
					2
d(1) Total number of active partici	pants at the beginning of the plan	year		5d(1)	2
	pants at the end of the plan year.			5d(2)	2
d(2) Total number of active participantse Number of participants that terminates	nated employment during the plan	vear with accrued b			
less than 100% vested	nated employment during the plan			5e	
		turn and will be some	acced unless reasonable	cause is establish	
Caution: A penalty for the late or der penalties of perjury and other pe	incomplete filing of this return	I declare that I have	essed unless reasonable	t including if appl	icable a Schedule
nder penalties of perjury an d other pe B or Schedule MB compl et ed an d sign	naties set forth in the instructions	, rueciare that rhave I as the electronic ve	ersion of this return/report, a	and to the best of m	v knowledge and
or Schedule MB completed and signalies, it is true, correct, and complete.	led by an emolied actuary, as well	I BS (IIC CICOLIOTIIS TO			.,owiougo uno
lier, it is true, correct, and complete.	//	I			
IGN /	my.	9/25/2015	REN JIE LUO		
ERE Signature of plan adminis	trator /	Date	Enter name of individua	l signing as plan a	dministrator
Signature of plan duminis	•	9/25/2015	REN JIE LUO		
IGN / ~~		312312013			
RE Signature of employer/pla	n sponsor	Date	Enter name of individua		
parer's name (including firm name, it	applicable) and address (include	room or suite numb	per) (optional)	Preparer's telepho	one number (optional)
F. Control of the Con					
SEPH MAO, CPA					
				516-7215493	
SEPH MAO, CPA			L		

b	Are you	all of the plan's assets during the plan year invested in eligible bu claiming a waiver of the annual examination and report of a 29 CFR 2520.104-46? (See instructions on waiver eligibility a lanswered "No" to either line 6a or line 6b, the plan cannot be the	an indeper and condit not use F	ndent qualified public accordions.)orm orm 5500-SF and must i	nstead	use Fo	orm 550		X Y	es es	No No ned
		plan is a defined benefit plan, is it covered under the PBGC insuran	ce program	(See ENION Section 4021)							
Pa	rt III	Financial Information	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(-) Designing of	1 Vaar			(b) E	nd of Y	ear	
7	Plan A	Assets and Liabilities		(a) Beginning o		3,929		(2) =			09,742
		plan assets	7a		33.	3,323	The same of the sa				
		plan liabilities	7b		53	3/ 9 29	No. of the last of			5	09,742
<u>c</u>		an assets (subtract line 7b from line 7a)	7c	4.10		37323	a constitution of	(1-) Total		
8_		e, Expenses, and Transfers for this Plan Year		(a) Amoun	t A	april alle	16	<i>3</i>	7 1000		1.400.5
а		butions received or receivable from:	8a(1)		4		6 3	20/201			
		mployers	8a(2)	-	The state of the s	180					
		articipants	8a(3)								
		thers (including rollovers)	8b		2	4,107					
		income (loss)	8c	Dr.							24,107
$-\frac{c}{d}$		ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)its paid (including direct rollovers and insurance premiums	- 00								39.42
u		vide benefits)	8d				-				
		n deemed and/or corrective distributions (see instructions)	8e	The edit	9						
f		nistrative service providers (salaries, fees, commissions)	8f								1 (1)
g		expenses	8g _						1000	1 5 y W	
		expenses (add lines 8d, 8e, 8f, and 8g)	8h	All has been seen as a second	127-						0
— <u>:</u>		come (loss) (subtract line 8h from line 8c)	8i	A STATE OF THE PARTY OF THE PAR	J-11 0.8	gar (c)					-24,107
一		fers to (from) the plan (see instructions)	8j					Pro-	6546		
Pa	rt IV	Plan Characteristics	-	No.							
b	1A If the p	olan provides pension benefits, enter the applicable pension to	3								
	rt V	Compliance Questions			1	Yes	No		Amo		
10		the plan year:	46:- 46 4:			162	NO		AIIIQ	unt	
	in 29 C	ere a failure to transmit to the plan any participant contributions wi FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction	Program)	10a		х				
b	Were t	here any nonexempt transactions with any party-in-interest?	(Do not ir	nclude transactions	10b		x				
_		4,0,174 *48,097			10c		Х				
		e plan covered by a fidelity bond?		d that was caused by	100						
	fraud o	or dishonesty?			10d		Х				
е	carrier.	any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some n? (See instructions.)	or all of t	he benefits under	10e		х				
f	Has the	e plan failed to provide any benefit when due under the plan	?		10f		Х				
g	Did the	plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		Х				
h		s an individual account plan, was there a blackout period? (S 01-3.)			10h						
i		was answered "Yes." check the box if you either provided the ions to providing the notice applied under 29 CFR 2520.101-			10i			854 T	1.1		.V .35
Par	t VI	Pension Funding Compliance									
11		a defined benefit plan subject to minimum funding requireme and line 11a below)							x	Yes	No
11a	Enter t	he unpaid minimum required contribution for current year fro	m Sched	ule SB (Form 5500) line 3	9		11a				0
12		a defined contribution plan subject to the minimum funding require			ection 30	2 of ER	RISA?			Yes	X No
a		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, liver of the minimum funding standard for a prior year is being			struction	ns, and	enter t	he date o	of the le	tter rul	ing
		ng the waiver.					Day	_	Yea		

4/00>

Page 2

Form 5500-SF 2014

-6237

Form 5500-SF 2014			
r age o	-		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	1	1	
b Enter the minimum required contribution for this plan year	12b		0
C Enter the amount contributed by the employer to the plan for this plan year	12c	I	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	120		
negative amount)	12d		0
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A
Part VII Plan Terminations and Transfers of Assets	,		
13a Has a resolution to terminate the plan been adopted in any plan year?	4	Yes X	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	43a	A.	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to control of the PBGC?			Yes No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to		
13c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			
14a Name of trust	14b	Trust's EIN	

. 6237

93 74 75 75

5500 EF Info - Practitioner Signature Agreement

Plan Administrator/Employer:

In accordance with expanded EFAST2 signature options, I, the Plan Administrator/Employer for the following plan: MILLIART CONSULTING USA INC. DEFINED BENEFIT PLAN

give this written authorization to:	JOSEPH MAO, CPA		
to submit this return/report electronics	ally and to sign this return/report w	with their EFAST2 UserID and PIN. I further acknowledg	je
for public disclosure.	will be included with the rest of th	the annual return/report posted by the DOL on the Intern	ıet
REN JIE LUO			
Plan Administrator/Employer Nan	ne -		
	700	9/28/2015	
Plan Administrator/Employer sign	ature	Date	
Practitioner	1	C	

Practitioner:

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, true and correct pdf copies of the first page of the completed Form 5500 or Form 5500-SF return report bearing the manual signature of the plan administrator/employer under penalty of perjury and the second page of the completed Form 5500 or Form 5500-SF; (3) I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

I declare that I am authorized to make and sign this statement. X (Check "X" here)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

8/31/2015

and ending

		9/1/2014		and en	ding	8/	31/2015
	calendar plan year 2014 or fiscal plan year beginning	31 1120 14				W	
•	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this	renort unless rea	asonable cau	se is establis	hed.	A	
P		3 report unicos roc	В	Three-dig	it		
A	Name of plan LIART CONSULTING USA INC. DEFINED BENEFIT PLAN				oer (PN) 🧠) (02
VIILI	TART CONSULTING USA INC. DEFINED BENEFIT FERRI						
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500	-SF) Employer	Identification	n Number (EIN)
U	Trail sponsor chame so shows						
MIL	IART CONSULTING USA INC			<u>1-3507119 </u>			
E	Type of plan: X Single Multiple-A Multiple-B	F Prior yea	r plan size: 🔰	(100 or fev	ver	101-500	More than 500
P	art I Basic Information						
1	Enter the valuation date: Month 08 Day	31 Yea	2015	_	~~~~~	T	
2	Assets:				<u></u>		
,	a Market value				<u>2a</u>		509,742
	b Actuarial value				2b		509,742
3	Funding target/participant count breakdown		(1) Nui	mber of	` '	ed Funding	(3) Total Funding
_			partic	ipants	Та	ırget	Target
	a For retired participants and beneficiaries receiving payment.			0			
	b For terminated vested participants		er, de la constantia de	0		(
	c For active participants			2		329,128	
	d Total			2		329,128	329,128
4	If the plan is in at-risk status, check the box and complete lines	- All A					
ed.	a Funding target disregarding prescribed at-risk assumptions				4a		
	b Funding target reflecting at-risk assumptions, but disregarding				415		
	in at-risk status for fewer than five consecutive years and dis	regarding loading	factor		4b		
5	Effective interest rate	·····			5		5.63%
6	Target normal cost				6		11,309
	tement by Enrolled Actuary		NEW THEORY OF THE PROPERTY OF THE				
O.	and accompany	ying schedules, stateme	ents and attachme	ents, if any, is con	nplete and accu	rate. Each preso	ribed assumption was applied in
	To the best of my knowledge, the information supplied in this scriedae and accompanial accordance with applicable law and regulations. In my opinion, each other assumption combination, offer my best estimate of anticipated experience under the plan.	ı is reasonable (taking ॥	nto account the ex	perience or the p	ian anu reason	able expectation	and sucrement desiring and
	alou la					i	
	SIGN Michael	Frak				9/21	f \ 15°
L	nere / // /	WARRIED TO THE TOTAL PROPERTY OF THE TOTAL P	***************************************			Date	9
	Signature of actuary			1402	440		
MI	CHAEL FRANK	Water Market and Comment of the Comm				Ilment numb	er
	Type or print name of actuary					innon nomb	Gr.
MI	CHAEL FRANK				567-1464 Talanhan	o numbor /ir	icluding area code)
	Firm name				reiepnon	e number (II	isianing area code)
10) ARDEN ST. APT# 5B						
	W YORK	NY 1	0040				
. 47-	Address of the firm				**********************	NAMES AND ADDRESS OF THE OWNER, T	
	ne actuary has not fully reflected any regulation or ruling promulga	ted under the stat	ute in comple	ting this sch	edule, chec	k the box an	d see
							bereite the control of the control o

age	2-	
aye	Airm	1

				0044
Schedule	SB	(Form	55001	2014

Par	til Beginning of Year C	Carryover and Prefunding Bal			(a)	Carryover balance		(b)	Prefunc	ling bala	nce
					(a) Carryover balance						
7	Balance at beginning of prior yea	ance at beginning of prior year after applicable adjustments (line 13 from prior					0			*************	(
	year)	to the requirement (line 35	fror	m							
3	Portion elected for use to offset p	orior year's funding requirement (line 35	1101	'''							
	prior year)						o				(
9	Amount remaining (line 7 minus l	line 8)					Q.				
0			ctual return of%								
1		Prior year's excess contributions to be added to prefunding balance:					F				17 /17
	a Present value of excess conf	tributions (line 38a from prior year)					-				17,47
		ny, of line 38a over line 38b from prior y		233				-411			
	Schedule SB, using prior y	ear's effective interest rate of	_ %	,					~~~		
	b(2) Interest on line 38b from p	rior year Schedule SB, using prior year	s ac	ctual							
	return										
	C Total available at beginning	of current plan year to add to prefundin	g ba	alance		100	_				17,47
		prefunding balance									
· · · · · · · · · · · · · · · · · · ·											
		o elections or deemed elections					0				
3	The state of the s	ar (line 9 + line 10 + line 11d – line 12) .	перенела	MANAGEMENT AND DESCRIPTION OF THE PARTY OF T	NEW YORK THE PERSON NAMED IN	***************************************	MODERAL SERVICE	NATIONAL PROPERTY OF THE		SULLAND DESCRIPTION OF THE SAME	ROMES CONTRACTOR IN THE
Pa	rt III Funding Percentag	ges						T		A-29-1107-7-77-7	
1 /	Funding target attainment percents	age							14		100.00
1~	A L'A L L'A L'A L'A L'A L'A L'A L'A L'A	percentage							15		100.00
15	Adjusted trinding target attailment	purposes of determining whether carry	IOVE	er/prefunding	balance	es may be used to re	educe		16		
10	eurrent veer's funding percentage to	purposes of determining whether each							10		100.00
	to the second of	f the plan is less than 70 percent of the	fune	dina taraet. e	enter suc	ch percentage			17		***************************************
- KING	DITH HOUSE STATE OF THE STATE O	Liquidity Shortfalls	- MARKETONIA	Control of the Contro	(Maring and annihilated and						un judanski sari
8	Contributions made to the plan for	the plan year by employer(s) and empl	oye	es:							
	(a) Date (b) Amount p		P.	(a) Date		(b) Amount paid	by		` '	ount paic ployees	ру
(M	M-DD-YYYY) employer	(s) employees		(MM-DD-YY	YY)	employer(s)	а п ривический кня)	some strong his species		DICYCOO	NEWSCHOOL STREET
			<u> </u>								
			<u> </u>								
									······································		
							.,				
			†								
	1		 	Totals ▶	18(b)		n	18(c)			
museum.		time for a reall plan with a	dower	NAME OF TAXABLE PROPERTY OF THE PERSON NAMED IN COLUMN 1	OUTS WHEN HAVE BEEN	heginning of the ve		ALIANDER MINISTER PAR			am ergementen en sam
19	Discounted employer contribution:	s see instructions for small plan with a	a va	aluation date	and the	, beginning of the ye	19a	Ī			******************************
		unpaid minimum required contributions									
		strictions adjusted to valuation date					19b			***************************************	
	c Contributions allocated toward	minimum required contribution for curre	ent y	year adjusted	d to valu	ation date	19c				
20	Quarterly contributions and liquid	ty shortfalls:									
		ortfall" for the prior year?								Yes	X No
										Yes	No
		ed quarterly installments for the current			аптету Г	HEALTH STATE AND ADDRESS OF THE STATE AND ADDR			<u> </u>		
	c If line 20a is "Yes," see instruc	tions and complete the following table a	is a	pplicable:			***************************************		*		
		Liquidity shortfall as of e	end	of quarter of	this pla (3)				(4)	4th	
	(1) 1st	(2) 2nd	\dashv		(3)	OIG					

	Scriedule 3B (Full 3000) 2011		BOOK GATE COMMUNICATION DE FACTO DE LA MANTANTA DE LA CAMBRICA DE COMPANIO DE	CONTRACTOR AND PROPERTY.	en erter operanderskommen her skriver er kriver op de skriver en de skriver er de skriver er de skriver en de s	indalling rights and an arrangement of the court	ada ang amaganian in ang ang ang ang ang ang ang ang ang an	Maria de la constanta de la co	NAME AND POST OF THE PARTY OF T	
Par	t V Assumptions Used to Deter	mine Fu	unding Target and T	arget	Normal Cost					
21	Discount rate: a Segment rates: 1st segmen 4 9		2nd segment 3rd segment:			:: 99%	N/A, full yield curve used			
		dicable month (enter code)				21b	0			
22	Moighted average retirement age					22			<u>62</u>	
	Mortality table(s) (see instructions)		scribed - combined	Pre	scribed - separate	Substitute				
23		THE RESIDENCE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON	жата комення под простояння на в в в в в в на в на проставления проставления в село на проставления проставления по	муниция полиция по тра	i i	<u> </u>				
	t VI Miscellaneous Items Has a change been made in the non-prescri	bed actua	arial assumptions for the c	urrent pl	an year? If "Yes," see	instructions re	garding required	ا سي آ	7 No	
24	attachment		***************************************					<u>_</u>	No No	
25	Has a method change been made for the cu	ırrent plar	n year? If "Yes," see instru	ctions re	garding required attac	hment		Yes [X] No	
26	Is the plan required to provide a Schedule of	f Active P	Participants? If "Yes," see i	nstructio	ns regarding required ⁽	attachment	<u> </u>	Yes [X No	
27	If the plan is subject to alternative funding ruattachment	ules, ente	r applicable code and see	instructi	ons regarding	27		INTOXEUPES MOIS VIEW	Rigo paral Hojimu (kga tabun	
Pai	t VII Reconciliation of Unpaid M	inimum	Required Contribu	tions l	For Prior Years	4				
28	Unpaid minimum required contributions for	all prior ye	ears			28			0	
29	Discounted employer contributions allocate (line 19a)					29			0	
30	Remaining amount of unpaid minimum requ	uired cont	ributions (line 28 minus lin	ie 29)		30	NEW ROOM OF THE RESERVE OF THE PROPERTY OF THE	OCCUPATION OF THE OCCUPATION OCCUPATION OF THE OCCUPATION	U	
Pai	t VIII Minimum Required Contrib	ution F	or Current Year	<u> </u>					-	
31	Target normal cost and excess assets (see	instructio	ons):			T 04			44.000	
Automation of the Control of the Con	a Target normal cost (line 6)		······			31a		113	11,309	
	b Excess assets, if applicable, but not gre	eater than	line 31a			31b	Inata	llment		
32	Amortization installments:				Outstanding Ba	alance	Insta	ımenı	***************************************	
	a Net shortfall amortization installment									
	b Waiver amortization installment					1			****************	
33	(Month Day Yea	ar) and the waived amo	unt		33				
34	Total funding requirement before reflecting	carryove	r/prefunding balances (line	es 31a -	31b + 32a + 32b - 33)	34			· 14 ,309	
			Carryover balance		Prefunding ba	alance	Total	balance		
35	Balances elected for use to offset funding requirement								0	
36	t (in a 24 painter	line 35) .				36		\mathcal{O}	11,309	
37	Contributions allocated toward minimum re	equired co	ontribution for current year	adjusted	l to valuation date	37		ury pomonto de la companie de la co	0	
38		200				1				
	a Total (excess, if any, of line 37 over lin								C	
	b Portion included in line 38a attributable							0		
39									44,309	
40									44,309	
P	art IX Pension Funding Relief Ur	nder Pe	nsion Relief Act of	2010 (See Instructions)					
41						Who can be seen and the seen an	para la	П	45	
	a Schedule elected						2 plus 7 yea	<u></u> _	15 years	
partition Print	b Eligible plan year(s) for which the elec	tion in line	e 41a was made				008 2009	2010	2011	
42										
4:	Excess installment acceleration amount to	be carrie	ed over to future plan year	s		43				